

REQUEST TO RECEIVE CATASTROPHIC LEAVE DONATIONS

Section I: To be completed by the employee or designated representative

Employee name:			Social Security #:		
Title:		Class Code:	Grade:	Hourly rate:	
Department:		Division:		Budget Acct #:	

1. I am requesting catastrophic leave donations for (check one):
 - ☐ My own medical condition requiring a "lengthy convalescence" (*per NAC 284.575*)
 - ☐ My own medical condition which is "life threatening" (*per NAC 284.575*)
 - ☐ A serious illness or accident which is "life threatening" or which will require a "lengthy convalescence" in my immediate family (*per NRS 284.362(2), NAC 284.5235, and NAC 284.558*)
 - ☐ The death of an immediate family member (*per NRS 284.362(3) and NAC 284.5235 and NAC 284.558*)
2. If the request for catastrophic leave is due to a catastrophe in your immediate family, please indicate the name and your relationship to the family member.

Name: _____ Relationship: _____
3. I will need to use catastrophic leave beginning (date) _____ and ending on: _____
for a total of _____ hours. *Pursuant to NRS 284.3622, the maximum number of hours that may be transferred to an employee is 1,040 in any 1-calendar year.*

Employee or designated representative signature

Date _____

Attach Physician's Certification for Catastrophic Leave Request (Form PAY-23C).

An employee "aggrieved" by any decision of an appointing authority made pursuant to NRS 284.362 to 284.3626, may appeal the decision by filing a written notice of appeal (**Form PAY-23B**) with the Committee on Catastrophic Leave within 10 days after the date of the decision.

Section II: To be completed by the immediate supervisor

The employee will exhaust his/her sick and annual leave on (date): _____

Signature of Immediate Supervisor

Date _____

Section III: To be completed by appointing authority

Complete all that are appropriate:

- ☐ The employee does not meet the statutory and regulatory requirements to receive catastrophic leave.
- ☐ The employee meets the statutory and regulatory requirements to receive catastrophic leave.
- ☐ I am authorizing the transfer of _____ hours of catastrophic leave from the general catastrophic leave account.
- ☐ I am authorizing the transfer of _____ hours of catastrophic leave, which were specifically allocated for use by this employee.
- ☐ I am authorizing:

Signature of Appointing Authority

Date _____

If the employee meets the statutory and regulatory requirements to receive catastrophic leave donations and you have not approved the employee's request for the transfer of hours, please explain why:

****If approved, Notification of Agency's Payroll Center (Form PAY-23A) must be completed to notify Payroll Center.***

Distribution:	Appointing Authority Employee
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PAY-23
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